

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/510707

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
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10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21		1				
22				1		
23			1			
24				1		
25					1	
26					1	
27					1	
28					1	
29					1	
30					1	
31					1	
32					1	
33					1	
34					1	
35					1	
36					1	
37					1	
38					1	
39					1	
40					1	
41					1	
42					1	
43					1	
44					1	
45						
46						
47						
48						
49						
50						
TOTAL IND.	3		3			
TOTAL DEP.	34	←	22	←	←	
TOTAL CLAIMS	37	[REDACTED]	25	[REDACTED]	[REDACTED]	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.		←			←	←
TOTAL CLAIMS		[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]